

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90044 038 \*\*\*\*61.25

<b>DOCUMENT # N98000001225</b>					
1. Entity Name SOMERSET L CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 222 SOMERSET L WEST PALM BEACH, FL 33417		Mailing Address 222 SOMERSET L WEST PALM BEACH, FL 33417			
2. Principal Place of Business - No P.O. Box # 224 SOMERSET L		3. Mailing Address 224 SOMERSET L			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH FL <del>33417</del>		City & State WEST PALM BEACH FL <del>33417</del>		4. FEI Number 65-0830176	
Zip 33417		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUGHTON, EUGENE 225 SOMERSET L WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name: Houghton, Eugene Street Address (P.O. Box Number is Not Acceptable): 224 SOMERSET L City: WEST PALM BEACH FL Zip Code: 33417		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Eugene R Houghton</i> DATE: 1/31/07 <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, HOWARD 222 SOMERSET L W. PALM BCH, FL 334172134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D EUGENE Houghton 224 SOMERSET L W. PALM BCH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KESSLER, RHODA 227 SOMERSET LN W. PALM BCH, FL 334172134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HOWARD 222 SOMERSET LN W. PALM BCH, FL 334172134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT/D GREEN HOWARD 225 SOMERSET L W. PALM BCH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PSICHOGIOS, HARRY 228 SOMERSET LN W. PALM BCH, FL 334172134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINEMAN, BARBARA 219 SOMERSET L, CONDO CENTURY VILLAGE WEST PALM BEACH, FL 334172134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SYBIL STOWART 223 SOMERSET L W. Palm BCH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Eugene R Houghton</i>		DATE: 1/31/07		DAYTIME PHONE #: 561 687 9851	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	